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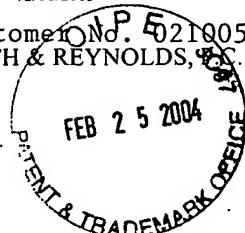
S
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7590 12/10/2003

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>Christina M. Sweeney</i> (Depositor's name)
<i>Christina M. Sweeney</i> (Signature)
2/23/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,991	12/06/2001	Paul F. Herbert	1733.1009-023	3417

TITLE OF INVENTION: PRODUCTION SCALE METHOD OF FORMING MICROPARTICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/10/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
MULLIS, JEFFREY C		1711	264-005000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alkermes Controlled Therapeutics, Inc. Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

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(Authorized Signature) *Susan M. Abellars* (Date) *2-23-04*

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02/27/2004 MGERREH2 00000176 10006991

01 FC:1501	1330.00	OP
02 FC:1504	300.00	OP
03 FC:8001	45.00	OP

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